POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_Jb_		07-25-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TB	JC 1108	10·23·01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
–	(Through numeral)... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim		Date								Claim		Date								Claim		Date							
Final	Original									Final	Original									Final	Original								
	1										51										101								
	2										52										102								
	3										53										103								
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	48										98										148								
	49										99										149								
	50										100										150								

If more than 150 claims or 10 actions
staple additional sheet here

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